

Women's Health Awareness Month

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Women's Health

Good Health for women includes the ability to understand your body and how it functions, preventing illness by practicing good health habits, and dealing with problems by seeking medical assistance whenever it is needed.

Understanding your body's natural pattern and how it changes with age will make you aware of what is normal and what is not for you.

Recognizing early warning signs of illness will allow you to detect when your body is not functioning normally so you can seek medical help early before the illness becomes serious.

About Your Breasts

Your breasts change continually with age, pregnancy, and even during your monthly cycle. You should examine them each month to learn what is normal for you.

Normal breast changes occur with your menstrual cycle. During ovulation and prior to your period your breasts may become swollen and tender, therefore it is advised that you conduct self breast examination about a week after your period ends.

If you notice a change or feel a lump, you should contact your health provider as soon as possible. This does not necessarily mean you have cancer. Most breast lumps are not cancerous.

- **Benign (noncancerous) tumors** are usually hard round and movable. They can usually be surgically removed under local anesthesia.
- **Cysts** are fluid-filled pockets that can be managed by a healthcare provider, usually in his or her office.

<http://www.soyouwanna.com/site/syws/breast/breast.html>

Reproductive System

Each woman's monthly cycle is different. Here is what happens each month during a typical reproductive cycle:

- **Menstruation** – uterus sheds lining; lasts about 3-5 days.
- **Ovary prepares egg** – cervical mucus is secreted.
- **Ovulation** – egg is released from ovary; usually between days 12-14.

- **Uterus prepares lining** to nourish developing baby. If fertilization has occurred, the embryo will be implanted around day 21.
- **Premenstrual** – fluid builds up; breasts swell.

Pregnancy

It is important to know the first signs of pregnancy so that you can seek prenatal care as early as possible.

How to tell:

- **Missed Period** – This is usually the first clue to pregnancy.
- **"Morning Sickness"** – Nausea, vomiting and bloating are common, especially when the stomach is empty.
- **Changes in Breasts** – Breasts enlarge and may tingle or feel sore. The areola (area surrounding the nipple) darkens.
- **Frequent Urination** – Hormonal changes relax muscles in the urinary tract.
- **Fatigue** – Tiredness and lack of energy is common.
- **Elevated Temperature** – Women who take their temperature every morning may suspect they're pregnant when their temperature doesn't drop at the end of a monthly cycle.

Home Pregnancy Tests

These kits are widely available and can be used when your period is late. If the test is positive, see your health-care provider to confirm a pregnancy. If the test is negative, you could still be pregnant. See your healthcare provider if you suspect you're pregnant.

Other Conditions Women Should Be Aware Of

- **Cancer** – Most common in the breast, followed by cancer of the cervix, ovary, uterus and vagina. (In women past menopause, it is more common in the uterus than the cervix.)
- **D.E.S. (Diethylstilbestrol)** – Women born between 1941-71 should find out if their mothers took this hormone during pregnancy. D.E.S. daughters are at a higher risk for cervical and vaginal cancer. D.E.S. daughters may also have pregnancy problems.

- **Amenorrhea** – This term refers to the absence of periods. Stress, improper diet, too little body fat, hormone irregularities or medication usually causes amenorrhea.
- **Ovarian Cysts** – These occur when an ovarian follicle grows but does not rupture and release an egg. Cysts are common. Most disappear, but some must be removed.
- **Dysmenorrhea** – Women with this condition have heavy, painful menstrual periods, sometimes accompanied by fatigue, leg and back pain, nausea, vomiting and chills. Causes may include a tight cervix, infection and tilted uterus.
- **Toxic-Shock Syndrome (TSS)** – Bacteria may get trapped in the vagina when a tampon is left in place too long. Symptoms may include fever, diarrhea, rash, vomiting and low blood pressure. Remove the tampon immediately if you have any of these symptoms and call your PCM.
- **Polyps and Fibroids** – Polyps grow from mucous membranes and Fibroids grow in the uterus. Both are common and may cause bleeding, but rarely cause cancer.
- **Tumors** – These are masses of cells that serve no purpose. Most are not cancer.

Ways To Help Prevent Illness

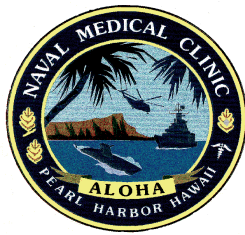
1. Eat Right
2. Avoid harmful habits like smoking
3. Have blood pressure checked regularly
4. Have regular checkups
5. Get enough sleep
6. Exercise regularly
7. Practice good personal hygiene
8. Relax

Take Action for Good Health

- **Understand** – how to care for your body.
- **Know** – the warning signs of potential problems.
- **Seek** – medical advice early when a problem arises.



Tripler Army Medical Center



Hickam Air Force Base



Urinary Incontinence

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Urinary incontinence is a condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable. There are 2 main types: Stress and Urge.

Stress Incontinence

Stress incontinence is the involuntary loss of urine with stress. Leakage occurs with coughing, sneezing, lifting, exercise, and a full bladder. It is more common with younger women.

Urge Incontinence

Urge incontinence is the involuntary loss of urine associated with a strong desire to urinate and the individual is unable to reach a bathroom in time. Leakage is associated with intense urge to void, may occur at nighttime, increases in cold weather, can occur with sound of running water and with sexual intercourse. It is more common in older women.

Risk Factors with Incontinence

Risk factors for Stress Incontinence include obesity, apples vs. pear shapes, and increases 3-fold with Caucasian population. Risk factors for Urge Incontinence include older age, Diabetes, and history of Urinary Tract Infections. Risk factors common to both types are obesity, hysterectomy, stroke, Chronic Obstructive Pulmonary Disease (COPD), Diabetes and parity (number of pregnancies).

Treatment for Stress Incontinence

Pelvic Floor Exercises (PFE) or Kegel exercises is the mainstay of treatment for stress incontinence and prevention of stress incontinence. Kegels' or PFE strengthens the group of muscles called the pelvic floor muscles.

How to Perform Kegel Exercises

1. Squeeze the area of the rectum to tighten the anus as if trying not to pass gas. Feel the sensation of the muscles pulling inward and upward. Remember not to tense the abdominal, buttock or thigh muscles. Using other muscles will defeat the purpose of the exercise and slow your progress. When you have located the correct muscle, set aside a short time each day for 3 exercise sessions.
2. Squeeze your muscle for a slow count of three. Then relax the muscle completely to a slow count of three. Do not "push out" during the relaxation of the muscle. Repeat this maneuver 15 times. (Fifteen exercise repetitions are '1 set').
3. Be sure to do 3 complete sets each day. As you feel your muscle strength grow, increase the count to five for each squeeze and each relaxation.
4. It can take 4 to 7 weeks to notice improvement. If you keep a record of leakage each day, you will begin to notice fewer urinary accidents as you regain control of the pelvic floor muscles.

Treatment for Urge Incontinence

Bladder training is the primary form of treatment for urge incontinence. Schedule voids/urination every 30 to 60 minutes regardless of desire to void. The goal is to re-establish voluntary control by behavior modification. It is important to keep a bladder diary. The goal is to void every 3-4 hours. If bladder training is ineffective, see your PCM for further evaluation. There are medications, which may be helpful.

Important Note

It is important to seek medical care and have a physical exam if this problem persists. A thorough history including medical, urologic, gynecologic, medications and previous abdominal, urinary or gynecologic surgeries will be addressed. Be sure to discuss incontinence problems with your PCM at the next visit if this is a concern.

"This Month's Focus"

Recommendations for Cancer Screening*

Breast Cancer:

- Breast Self Exam monthly
- Breast exam by PCM annually
- Mammogram
- Baseline
- Age 35-39 with family history of breast cancer (mother, grandmother, 1st generation maternal side)
- Routine Screening
- Age 40 to 50 - Every 2 years
- Age 50 and over - Every year (annually)

Cervical Cancer:

- Annual Pap smear at onset of sexual activity or at age 18 or onset of sexual activity (Per discretion of PCM/facility's standard of care)

Ovarian Cancer:

- Annual pelvic exam
- No widespread screening effective
- Ultrasound and CA-125 per discretion of provider and risk associated with ovarian cancer

Colon Cancer:

- Rectal exam annually beginning at age 40
- Flexible sigmoidoscopy every 5 years after age 50
- Colonoscopy every 10 years, if high risk and recommended by Gastroenterologist

***Note: This is general cancer screening recommendations. Case by case situations will warrant closer observation and testing.**

**For further information,
contact your Wellness Center**

Tripler AMC	433-1472
Schofield Barracks	433-8675
Hickam AFB	448-HAWC
Naval Medical Clinic Pearl Harbor	472-8555

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